

CLINICAL CHILD & ADOLESCENT HEALTH CENTER GRANT APPLICATION RUBRIC

REQUIRED ELEMENTS – EACH PROPOSAL MUST INCLUDE THE FOLLOWING REQUIRED ELEMENTS:

PART A- APPLICATION COVER SHEET AND APPLICATION

- ☐ Funding strategy identified: clinical or alternative clinical
- ☐ Service/Target Area Identified: _____
- ☐ Target Population Identified: Children ages 5-10 or Youth 10-21
- ☐ Location of Clinic: School Based or School Linked
- ☐ Clinical Elementary and Alternative Clinical Models must be school based

REQUIRED _____ (✓)

PART B- ASSURANCES AND CERTIFICATIONS

- ☐ Original signatures must be on page 1, 1a, and 1b on the application for state and specific program assurances and certifications. Rubber stamps and copies are unacceptable.
- ☐ The cover letter includes assurances that family planning drugs and/or devices will not be prescribed, dispensed or distributed on school property (if school based health center) **and also** provides assurances that abortion counseling, services, and referrals will not occur as part of services offered.
- ☐ The cover letter includes assurances of compliance with all Federal and state laws and regulations prohibiting discrimination.
- ☐ The cover letter includes assurances of compliance with all requirements and regulations of MDE and MDCH.

REQUIRED _____ (✓)

REQUIRED _____ (✓)

REQUIRED _____ (✓)

REQUIRED _____ (✓)

PART C- GRANT PROGRAM DETAILS

8. SERVICE/WORK PLAN

- ☐ Services proposed to be provided should be fully and clearly described for the period of April 1, 2009 through September 30, 2009; as are plans for services to be delivered October 1, 2009 through September 30, 2010.
- ☐ If the applicant is proposing to provide services **ON SCHOOL PROPERTY**, an interagency agreement that defines roles and responsibilities of the sponsoring agency and local school district exists or evidence is provided that an agreement is in process.
- ☐ If the applicant is proposing to provide services **ON SCHOOL PROPERTY**, written approval by the school administration and the local school board must be included for the following: (1) location, (2) administration of the health survey to students enrolled in the school, (3) parental consent policy, (4) services rendered at the center; either in an interagency agreement or through other documentation.

REQUIRED _____ (✓)

REQUIRED _____ (✓)

REQUIRED _____ (✓)

REQUIRED ELEMENTS CONTINUED:**FINANCIAL PLAN AND BUDGET FORMS**

- ☐ A minimum local match of 30% is required and can be reached either through cash contributions or in-kind resources.
- ☐ A line item budget is provided for the six month grant period and includes both in-kind and hard match resources.

REQUIRED _____ (✓)**REQUIRED** _____ (✓)

PART C- GRANT PROGRAM DETAILS 2. PROJECT ABSTRACT/SUMMARY			TOTAL 10 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 2a. The project abstract/summary is <u>two or less</u> single-spaced pages in length. (2 points)	N/A	<input type="checkbox"/> The project abstract/summary is <u>more than two</u> single-spaced pages in length or no project abstract/summary provided. (0 points)	_____ / 2
<input type="checkbox"/> 2b. There is a <u>clear</u> summary of the proposal and includes all six of the following areas: (8 pts) <ul style="list-style-type: none"> _____ a history of administering programming for this type of application/funds _____ a statement of need for the proposed program that lists the target area/population the program will serve, and the number of unduplicated children or youth expected to be reached in the first year of funding _____ a summary of the major program goals and expected outcomes _____ a description of the proposed programming, including a description of where services will be provided _____ identification of the total amount of local resources that will be applied to the project and how they will be used _____ key people involved in the project are highlighted 	<input type="checkbox"/> There is a <u>somewhat clear</u> summary of the proposal and includes 4-5 of the following areas: (2-6 pts) <ul style="list-style-type: none"> _____ a history of administering programming for this type of application/funds _____ a statement of need for the proposed program that lists the target area/population the program will serve, and the number of unduplicated children or youth expected to be reached in the first year of funding _____ a summary of the major program goals and expected outcomes _____ a description of the proposed programming, including a description of where services will be provided _____ identification of the total amount of local resources that will be applied to the project and how they will be used _____ key people involved in the project are highlighted 	<input type="checkbox"/> There is <u>no</u> summary of the proposal or the summary includes 3 or less of the following areas: (0 pts) <ul style="list-style-type: none"> _____ a history of administering programming for this type of application/funds _____ a statement of need for the proposed program that lists the target area/population the program will serve, and the number of unduplicated children or youth expected to be reached in the first year of funding _____ a summary of the major program goals and expected outcomes _____ a description of the proposed programming, including a description of where services will be provided _____ identification of the total amount of local resources that will be applied to the project and how they will be used _____ key people involved in the project are highlighted 	_____ / 8
COMMENTS:			_____ / 10

PART C- GRANT PROGRAM DETAILS 3. ASSESSMENT OF NEED			TOTAL 60 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 3a. Provides a <u>clear</u> map of the proposed service area. (2 pts)	N/A	<input type="checkbox"/> No map is provided of the proposed service area. (0 pts)	_____ / 2
<input type="checkbox"/> 3b. Provides descriptive and demographic information of the service area for all six of the following: (6 pts) _____ service area definition _____ economic status of the population _____ other agencies providing similar services as those proposed _____ data on estimated need/demand for the proposed services _____ description of other unusual factors affecting the need for the proposed services	<input type="checkbox"/> Provides descriptive and demographic information of the service area for 3-5 of the following: (1-3 pts) _____ service area definition _____ economic status of the population _____ other agencies providing similar services as those proposed _____ data on estimated need/demand for the proposed services _____ description of other unusual factors affecting the need for the proposed services	<input type="checkbox"/> Provides descriptive and demographic information of the service area for 2 or less of the following: (0 pts) _____ service area definition _____ economic status of the population _____ other agencies providing similar services as those proposed _____ data on estimated need/demand for the proposed services _____ description of other unusual factors affecting the need for the proposed services	_____ / 20
<input type="checkbox"/> 3c. The need for services is <u>clearly</u> evident. (14 pts)	<input type="checkbox"/> There is <u>limited</u> evidence of the need for services. (3-10 pts)	<input type="checkbox"/> There is <u>little or no</u> evidence of the need for services. (0 pts)	
<input type="checkbox"/> 3d. The characteristics of the target population are <u>clearly</u> described, including: (5 pts) _____ size _____ age (5-10, 10-21) _____ economic status (including the number of youth receiving free or reduced lunch) _____ gender and racial makeup _____ health status and level of risk-taking behaviors	<input type="checkbox"/> There is a <u>limited</u> description of the characteristics of the target population, including: (1-3 pts) _____ size _____ age (5-10, 10-21) _____ economic status (including the number of youth receiving free or reduced lunch) _____ gender and racial makeup _____ health status and level of risk-taking behaviors	<input type="checkbox"/> The characteristics of the target population are <u>not</u> described. (0 pts)	_____ / 17
<input type="checkbox"/> 3e. There is <u>clear</u> evidence of high need and risk taking behaviors of the target population. (12 pts)	<input type="checkbox"/> There is <u>limited</u> evidence of high need and risk taking behaviors of the target population. (3-8 pts)	<input type="checkbox"/> There is <u>little or no</u> evidence of high need and risk taking behaviors of the target population. (0 pts)	(Continued on next page)

PART C- GRANT PROGRAM DETAILS 3. ASSESSMENT OF NEED			TOTAL 60 POINTS (CONTINUED FROM PREVIOUS PAGE)
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 3f. Results of a health survey conducted in the previous three years (to assess the target population's health needs) are <u>included</u> . (3 points) <input type="checkbox"/> 3g. The results <u>clearly</u> support the need for services. (10 pts)	N/A <input type="checkbox"/> The results <u>somewhat</u> support the need for services. (3-7 pts)	<input type="checkbox"/> Results of a health survey conducted in the previous three years (to assess the target population's health needs) are <u>not</u> included (0 points). <input type="checkbox"/> The results <u>do not</u> support the need for services. (0 pts)	_____ / 13
<input type="checkbox"/> 3h. Provides three current letters from required agencies. (3 pts) <input type="checkbox"/> 3i. Letters <u>clearly</u> document the lack of services. (5 pts) NOTE: Three letters must be from among the following local agencies: Department of Human Services (DHS/FIA), Community Mental Health (CMH), office of substance abuse services, local hospital, Federally Qualified Health Center (FQHC), local health department, local board of health, county commissioners, school board, school superintendent, Mayor's office or equivalent. <i>If the letters also include supportive statements they will contribute to #5 Community Collaboration and Support.</i>	<input type="checkbox"/> Provides 1-2 current letters from among required agencies. (1-2 pts) <input type="checkbox"/> Letters provide <u>limited</u> documentation on the lack of services. (1-3 pts) NOTE: Three letters must be from among the following local agencies: Department of Human Services (DHS/FIA), Community Mental Health (CMH), office of substance abuse services, local hospital, Federally Qualified Health Center (FQHC), local health department, local board of health, county commissioners, school board, school superintendent, Mayor's office or equivalent. <i>If the letters also include supportive statements they will contribute to #5 Community Collaboration and Support.</i>	<input type="checkbox"/> Provides no current letters and/or no letters from required agencies. (0 pts) <input type="checkbox"/> Letters do <u>not</u> document the lack of services. (0 pts) NOTE: Three letters must be from among the following local agencies: Department of Human Services (DHS/FIA), Community Mental Health (CMH), office of substance abuse services, local hospital, Federally Qualified Health Center (FQHC), local health department, local board of health, county commissioners, school board, school superintendent, Mayor's office or equivalent. <i>If the letters also include supportive statements they will contribute to #5 Community Collaboration and Support.</i>	_____ / 8
COMMENTS:			_____ / 60

PART C- GRANT PROGRAM DETAILS 4. COMMUNITY EXPERIENCE			TOTAL 30 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 4a. Provides <u>clear</u> evidence of the community's historical commitment to the proposed program as well as its support for school based/school-linked health services for the child and/or adolescent population. (10 pts)	<input type="checkbox"/> Provides <u>limited</u> evidence of the community's historical commitment to the proposed program as well as its support for school based/school-linked health services for the child and/or adolescent population. (3-7 pts)	<input type="checkbox"/> Provides <u>little or no</u> evidence of the community's historical commitment to the proposed program as well as its support for school based/school-linked health services for the child and/or adolescent population. (0 pts)	<div>_____ / 10</div>
<input type="checkbox"/> 4b. Provides <u>clear</u> evidence of the organization's ability to accomplish the proposed service/work plan, provision of the proposed services, and manage a grant program of similar size and complexity. (15 pts)	<input type="checkbox"/> Provides <u>limited</u> evidence of the organization's ability to accomplish the proposed service/work plan, provision of the proposed services, and manage a grant program of similar size and complexity. (2-10 pts)	<input type="checkbox"/> Provides <u>little or no</u> evidence of the organization's ability to accomplish the proposed service/work plan, provision of the proposed services, and manage a grant program of similar size and complexity. (0 pts)	<div>_____ / 15</div>
<input type="checkbox"/> 4c. Provides a <u>clear</u> summary of present or past experience mobilizing, establishing and maintaining a community-based, broadly representative local advisory committee with a health-related mission. (5 pts)	<input type="checkbox"/> Provides a <u>limited</u> summary of present or past experience mobilizing, establishing and maintaining a community-based, broadly representative local advisory committee with a health-related mission. (2-4 pts)	<input type="checkbox"/> Provides <u>little or no</u> summary of present or past experience mobilizing, establishing and maintaining a community-based, broadly representative local advisory committee with a health-related mission. (0 pts)	<div>_____ / 5</div>
COMMENTS:			<div>_____ / 30</div>

PART C- GRANT PROGRAM DETAILS 5. COMMUNITY COLLABORATION AND SUPPORT			TOTAL 30 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 5a. Provides <u>clear</u> evidence of the available community resources, which will help sustain the proposed program (hard match or in-kind services). (10 pts)	<input type="checkbox"/> Provides <u>limited</u> evidence of the available community resources, which will help sustain the proposed program (hard match or in-kind services). (3-7 pts)	<input type="checkbox"/> Provides <u>no</u> evidence of the available community resources, which will help sustain the proposed program (hard match or in-kind services). (0 pts)	_____ / 10
<input type="checkbox"/> 5b. Provides a <u>complete</u> listing of collaborative and referral arrangements, which will be utilized for the proposed programming. Includes at a minimum other programs that provide similar or related services to the target population and how the proposed program will interact with organizations without duplicating efforts. (10 pts)	<input type="checkbox"/> Provides a <u>limited</u> listing of collaborative and referral arrangements, which will be utilized for the proposed programming. Includes at a minimum other programs that provide similar or related services to the target population and how the proposed program will interact with organizations without duplicating efforts. (3-7 pts)	<input type="checkbox"/> Provides <u>no</u> list of collaborative and referral arrangements, which will be utilized for the proposed programming. Does <u>not</u> include other programs that provide similar or related services to the target population and does <u>not</u> address how the proposed program will interact with organizations without duplicating efforts. (0 pts)	_____ / 10
<input type="checkbox"/> 5c. Provides a <u>minimum</u> of five letters of endorsement/support for the proposal, which indicates that the program will meet the described needs. (5 pts)	N/A	<input type="checkbox"/> Provides <u>less than 5</u> letters of endorsement/support for the proposal, which indicates that the program will meet the described needs. (0 pts)	_____ / 5
<input type="checkbox"/> 5d. Provides <u>clear</u> evidence of the involvement of local agencies or community members in the proposed program. (5 pts)	<input type="checkbox"/> Provides <u>limited</u> evidence of the involvement of local agencies or community members in the proposed program. (1-3 pts)	<input type="checkbox"/> Provides <u>no</u> evidence of the involvement of local agencies or community members in the proposed program. (0 pts)	_____ / 5
COMMENTS:			_____ / 30

PART C- GRANT PROGRAM DETAILS			TOTAL 15 POINTS
6. ADVISORY COMMITTEE STRUCTURE, MEMBERSHIP, AND ACTIVITY			
USE MINIMUM PROGRAM REQUIREMENTS #14 IN ATTACHMENT C FOR BOTH ELEMENTARY AND ADOLESCENT CENTERS TO ASSIST IN THIS SECTION.			
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 6a. Clearly describes the structure of the advisory committee, including: membership, leadership, sub-committees, activities, procedures for developing/ approving policy and frequency of meetings. (4 pts) <input type="checkbox"/> 6b. Local advisory committee <u>meets all three</u> of the minimum program requirements, including: (3 pts) _____ minimum of 2 meetings per year _____ at least 1/3 of the proposed or existing membership must be comprised of parents of school-aged children/youth _____ health care providers shall not represent more than 50% of the committee _____ youth (adolescent centers only) _____ school staff (elementary centers only)	<input type="checkbox"/> Describes a <u>limited</u> structure of the advisory committee, including: membership, leadership, sub-committees, activities, procedures for developing/ approving policy and frequency of meetings. (1-3 pts) <input type="checkbox"/> Local advisory committee <u>meets at least two</u> of the minimum program requirements, including: (1-2 pts) _____ minimum of 2 meetings per year _____ at least 1/3 of the proposed or existing membership must be comprised of parents of school-aged children/youth _____ health care providers shall not represent more than 50% of committee _____ youth (adolescent centers only) _____ school staff (elementary centers only)	<input type="checkbox"/> Provides <u>little or no</u> description of the advisory committee, including: membership, leadership, sub-committees, activities, procedures for developing/ approving policy and frequency of meetings. (0 pts) <input type="checkbox"/> Local advisory committee meets <u>less than two</u> of the minimum program requirements, including: (0 pts) _____ minimum of 2 meetings per year _____ at least 1/3 of the proposed or existing membership must be comprised of parents of school-aged children/youth _____ health care providers shall not represent more than 50% of the committee _____ youth (adolescent centers only) _____ school staff (elementary centers only)	_____ / 7
<input type="checkbox"/> 6c. Provides a copy of the existing or potential advisory committee membership list in the attachments. (2 pts)	N/A	<input type="checkbox"/> <u>No</u> copy of the existing or potential advisory committee membership list is provided in the attachments. (0 pts)	_____ / 2
<input type="checkbox"/> 6d. There is <u>clear</u> evidence that the plan to recruit and maintain diverse members will be effective and representative of the racial, ethnic, economic, and philosophical diversity of the target area. (6 pts)	<input type="checkbox"/> There is <u>limited</u> evidence that the plan to recruit and maintain diverse members will be effective and representative of the racial, ethnic, economic, and philosophical diversity of the target area. (2-4 pts)	<input type="checkbox"/> There is <u>no</u> evidence that the plan to recruit and maintain diverse members will be effective and representative of the racial, ethnic, economic, and philosophical diversity of the target area. (0 pts)	_____ / 6
COMMENTS:			_____ / 15

PART C- GRANT PROGRAM DETAILS 7. ORGANIZATIONAL STRUCTURE USE MINIMUM PROGRAM REQUIREMENTS IN ATTACHMENT C FOR BOTH ELEMENTARY AND ADOLESCENT CENTERS TO ASSIST IN THIS SECTION.			TOTAL 25 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 7a. Provides a <u>clear</u> description of the administrative and organizational structure within the program and how the advisory committee will function. (4 pts)	<input type="checkbox"/> Provides a <u>limited</u> description of the administrative and organizational structure within the program and how the advisory committee will function. (1-3 pts)	<input type="checkbox"/> Provides <u>little or no</u> description of the administrative and organizational structure within the program and how the advisory committee will function. (0 pts)	_____ / 4
<input type="checkbox"/> 7b. An organizational chart is included as an attachment depicting all structures as outlined, including advisory committee, fiduciary, program coordinator, proposed subcontractors (if applicable), and all program personnel. (3 pts)	<input type="checkbox"/> An organizational chart is included as an attachment <u>partially</u> depicting all structures as outlined, including advisory committee, fiduciary, program coordinator, proposed subcontractors (if applicable), and all program personnel. (1-2 pts)	<input type="checkbox"/> No organizational chart is included in the attachments. (0 pts)	_____ / 3
<input type="checkbox"/> *7c. Provides a <u>complete</u> description of the number of staff and/or volunteers who will provide the proposed services. (7 pts) <input type="checkbox"/> 7d. Includes <u>complete</u> job descriptions or vitas of the personnel who will play key roles in the administration of the project and delivery of services. (4 pts) <input type="checkbox"/> 7e. The necessary skills and qualifications <u>are appropriate</u> to the model/services being provided. (2 pts) *NOTE: Clinical Adolescent and Elementary health centers must have a nurse practitioner, physician, or physician assistant staffing the clinic a minimum of 30 hours per week, five days per week; Alternative Centers must have clinical staffing a minimum of 24 hours per week, three days per week. Elementary centers only must also be staffed with a .5 FTE licensed counselor and/or certified Social Worker.	<input type="checkbox"/> *Provides a <u>limited</u> description of the number of staff and/or volunteers who will provide the proposed services. (2-5 pts) <input type="checkbox"/> Includes <u>limited</u> job descriptions or vitas of the personnel who will play key roles in the administration of the project and delivery of services. (1-3 pts) <input type="checkbox"/> The necessary skills and qualifications are <u>somewhat appropriate</u> to the model/services being provided. (1 pt) *NOTE: Clinical Adolescent and Elementary health centers must have a nurse practitioner, physician, or physician assistant staffing the clinic a minimum of 30 hours per week, five days per week; Alternative Centers must have clinical staffing a minimum of 24 hours per week, three days per week. Elementary centers only must also be staffed with a .5 FTE licensed counselor and/or certified Social Worker	<input type="checkbox"/> *Provides <u>little or no</u> description of the number of staff and/or volunteers who will provide the proposed services. (0 pts) <input type="checkbox"/> Includes <u>little or no</u> job descriptions or vitas of the personnel who will play key roles in the administration of the project and delivery of services. (0 pts) <input type="checkbox"/> The necessary skills and qualifications are <u>not appropriate</u> to the model/services being provided. (0 pts) *NOTE: Clinical Adolescent and Elementary health centers must have a nurse practitioner, physician, or physician assistant staffing the clinic a minimum of 30 hours per week, five days per week; Alternative Centers must have clinical staffing a minimum of 24 hours per week, three days per week. Elementary centers only must also be staffed with a .5 FTE licensed counselor and/or certified Social Worker	_____ / 13
<input type="checkbox"/> 7f. The description of how program administration and coordination will occur is <u>appropriate</u> to accomplish proposed programming <u>and includes appropriate staff development</u> opportunities. (5 pts)	<input type="checkbox"/> The description of how program administration and coordination will occur is <u>somewhat appropriate</u> to accomplish proposed programming <u>and includes adequate staff development</u> opportunities. (1-4 pts)	<input type="checkbox"/> The description of how program administration and coordination will occur is <u>not appropriate</u> to accomplish proposed programming <u>and/or does not include staff development</u> opportunities. (0 pts)	_____ / 5
COMMENTS:			_____ / 25

PART C- GRANT PROGRAM DETAILS 8. SERVICE PLAN NARRATIVE			TOTAL 50 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 8d. Provides a <u>detailed</u> plan of how the following will be included/provided by the applicant: (8 pts) _____ description of services provided _____ description of case finding system _____ description of the referral system _____ hours of operation and arrangements for after-hours coverage _____ number of unduplicated children or youth to be served in the course of the fiscal year (a minimum of <u>500</u> unduplicated users must be proposed for adolescent centers; 350 for elementary centers; 200 for alternative centers) _____ <i>Number of Users Proposed</i> _____ where and how services will be provided; if the selected site is a location other than school property, justify accessibility of the site for target population (if the selected site is on school property, a copy of an interagency agreement which defines roles and responsibilities between the sponsoring agency and the local school district must be included or evidence must be provided it is in development) _____ approval from school exists for location, needs assessment, parental consent policy and services for school based sites _____ layout of clinic space including dimensions, handicap accessibility, and how services will be provided in a confidential matter, including records _____ plan to comply with Occupational Safety and Health Act (OSHA) guidelines regarding transmission of blood borne pathogens and laboratory guidelines	<input type="checkbox"/> Provides a <u>limited</u> plan of how the following will be included/provided by the applicant: (2-6 pts) _____ description of services provided _____ description of case finding system _____ description of the referral system _____ hours of operation and arrangements for after-hours coverage _____ number of unduplicated children or youth to be served in the course of the fiscal year (a minimum of <u>500</u> unduplicated users must be proposed for adolescent centers; 350 for elementary centers; 200 for alternative centers) _____ <i>Number of Users Proposed</i> _____ where and how services will be provided; if the selected site is a location other than school property, justify accessibility of the site for target population (if the selected site is on school property, a copy of an interagency agreement which defines roles and responsibilities between the sponsoring agency and the local school district must be included or evidence must be provided it is in development) _____ approval from school exists for location, needs assessment, parental consent policy and services for school based sites _____ layout of clinic space including dimensions, handicap accessibility, and how services will be provided in a confidential matter, including records _____ plan to comply with Occupational Safety and Health Act (OSHA) guidelines regarding transmission of blood borne pathogens and laboratory guidelines	<input type="checkbox"/> Provides <u>little or no</u> plan of how the following will be included/provided by the applicant: (0 pts) _____ description of services provided _____ description of case finding system _____ description of the referral system _____ hours of operation and arrangements for after-hours coverage _____ number of unduplicated children or youth to be served in the course of the fiscal year (a minimum of <u>500</u> unduplicated users must be proposed for adolescent centers; 350 for elementary centers; 200 for alternative centers) _____ <i>Number of Users Proposed</i> _____ where and how services will be provided; if the selected site is a location other than school property, justify accessibility of the site for target population (if the selected site is on school property, a copy of an interagency agreement which defines roles and responsibilities between the sponsoring agency and the local school district must be included or evidence must be provided it is in development) _____ approval from school exists for location, needs assessment, parental consent policy and services for school based sites _____ layout of clinic space including dimensions, handicap accessibility, and how services will be provided in a confidential matter, including records _____ plan to comply with Occupational Safety and Health Act (OSHA) guidelines regarding transmission of blood borne pathogens and laboratory guidelines	<div style="text-align: right;">____ / 20</div> <div>(CONTINUED ON NEXT PAGE)</div>
<input type="checkbox"/> 8e. There is <u>strong</u> evidence that the service plan will likely result in effective programming for the needs of the target population. (12 pts)	<input type="checkbox"/> There is <u>limited</u> evidence that the service plan will likely result in effective programming for the needs of the target population. (2-8 pts)	<input type="checkbox"/> There is <u>little or no</u> evidence that the service plan will result in effective programming for the needs of the target population. (0 pts)	

PART C- GRANT PROGRAM DETAILS 8. SERVICE/WORK PLAN CONTINUED			TOTAL 50 POINTS (CONTINUED FROM PREVIOUS PAGE)
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 8h. <u>Clearly</u> describes the plan for how quality services will be provided. (4 pts) Plan must <u>include all 3</u> of the following minimum components: _____ Ongoing clinical and medical records reviews by peers to determine that conformity exists with current standards of practice. A system shall be in place to implement corrective actions when deficiencies are noted. _____ Completing, updating, or having access to an adolescent health survey/assessment done within the last two to three years to determine the health needs of the target population. _____ Conducting a client satisfaction survey/assessment periodically, but no less than once per year.	<input type="checkbox"/> Provides a <u>limited</u> description of the plan for how quality services will be provided. (1-3 pts) Plan <u>includes 2 of the 3</u> minimum components: _____ Ongoing clinical and medical records reviews by peers to determine that conformity exists with current standards of practice. A system shall be in place to implement corrective actions when deficiencies are noted. _____ Completing, updating, or having access to an adolescent health survey/assessment done within the last two to three years to determine the health needs of the target population. _____ Conducting a client satisfaction survey/assessment periodically, but no less than once per year.	<input type="checkbox"/> Provides <u>little or no</u> description for how quality services will be provided. (0 pts) Plan <u>includes 1 of the 3</u> minimum components: _____ Ongoing clinical and medical records reviews by peers to determine that conformity exists with current standards of practice. A system shall be in place to implement corrective actions when deficiencies are noted. _____ Completing, updating, or having access to an adolescent health survey/assessment done within the last two to three years to determine the health needs of the target population. _____ Conducting a client satisfaction survey/assessment periodically, but no less than once per year.	_____ / 4
<input type="checkbox"/> 8i. Provides a <u>detailed</u> plan for how Medicaid outreach and enrollment and delivery of Medicaid preventive services will occur at the center including how eligible children and youth will be identified. (10 pts)	<input type="checkbox"/> Provides a <u>limited</u> plan for how Medicaid outreach and enrollment and delivery of Medicaid preventive services will occur at the center includes a limited plan for how eligible children and youth will be identified. (3-7 pts)	<input type="checkbox"/> Provides <u>little or no</u> plan for how Medicaid outreach and enrollment and delivery of Medicaid preventive services will occur at the center and does not include how eligible children and youth will be identified. (0 pts)	_____ / 10 (CONTINUED ON NEXT PAGE)

PART C- GRANT PROGRAM DETAILS 8. SERVICE/WORK PLAN CONTINUED			TOTAL 50 POINTS (CONTINUED FROM PREVIOUS PAGE)
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 8j. For adolescent health centers , there is <u>clear</u> evidence that youth will be meaningfully involved in programming and services will be youth-friendly and acceptable to youth. If the applicant proposes providing services to both the 5-10 and 10-21 year old age groups, the justification for how providing services to young children will not pose as a barrier to care for adolescents <u>must be compelling</u> . (10 pts) <input type="checkbox"/> 8j. For elementary health centers , there is clear evidence that the health needs of children in the designated service area will be integrated into the centers service delivery plan and that parents will be meaningfully involved at the center. (10 points)	<input type="checkbox"/> For adolescent health centers , there is <u>limited</u> evidence that youth will be meaningfully involved in programming and that services will be youth-friendly and acceptable to youth. If the applicant proposes providing services to both the 5-10 and 10-21 year old age groups, the justification for how providing services to young children will pose a barrier to care for adolescents is <u>limited</u> . (3-7 pts) <input type="checkbox"/> For elementary health centers , there is <u>limited</u> evidence that the health needs of children in the designated service area will be integrated into the centers service delivery plan and limited evidence that parents will be meaningfully involved at the center. (2-8 pts)	<input type="checkbox"/> For adolescent health centers , there is <u>little or no</u> evidence that youth will be meaningfully involved in programming and that services will be youth-friendly and acceptable to youth. If the applicant proposes providing services to both the 5-10 and 10-21 year old age groups, the justification for how providing services to young children will not pose as a barrier to care for adolescents is <u>weak</u> . (0 pts) <input type="checkbox"/> For elementary health centers , there is little or no evidence that the health needs of children in the designated service area will be integrated into the center's service delivery plan and little or no evidence that parents will be meaningfully involved at the center. (0 pts)	_____ / 10
<input type="checkbox"/> 8i. Description of a <u>strong</u> evaluation is included to determine effectiveness of programming (e.g. various methodologies described). (6 pts)	<input type="checkbox"/> Description of a <u>weak</u> evaluation is included to determine effectiveness of programming. (2-4 pts)	<input type="checkbox"/> No evaluation description is included. (0 pts)	
COMMENTS:			_____ / 50

Part C- GRANT PROGRAM DETAILS 9. WORK PLAN THE WORK PLAN MUST FOLLOW THE REQUIRED FORMAT IN ATTACHMENT H			TOTAL 25 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 9a. There are <u>at least two goals</u> with measurable objectives and activities that focus on the Mandatory Focus Areas (pg 31 of the application guidance): (6 pts) _____ Asthma _____ Pregnancy Prevention* _____ Obesity Prevention/Nutrition and Physical Activity _____ HIV/AIDS* _____ Tobacco Prevention/Cessation _____ Mental Health *NOTE: Proposed Pregnancy Prevention and HIV Prevention curricula to be delivered on school property during the school day must provide evidence of Human Sexuality Advisory Committee approval.	<input type="checkbox"/> There is <u>at least one</u> goal with measurable objectives and activities that focuses on the Mandatory Focus Areas (pg 31 of the application guidance): (3 pts) _____ Asthma _____ Pregnancy Prevention* _____ Obesity Prevention/Nutrition and Physical Activity _____ HIV/AIDS* _____ Tobacco Prevention/Cessation _____ Mental Health *NOTE: Proposed Pregnancy Prevention and HIV Prevention curricula to be delivered on school property during the school day must provide evidence of Human Sexuality Advisory Committee approval.	<input type="checkbox"/> There are <u>no goals</u> with measurable objectives and activities that focus on the Mandatory Focus Areas (pg 31 of the application guidance) (0 pts) _____ Asthma _____ Pregnancy Prevention* _____ Obesity Prevention/Nutrition and Physical Activity _____ HIV/AIDS* _____ Tobacco Prevention/Cessation _____ Mental Health *NOTE: Proposed Pregnancy Prevention and HIV Prevention curricula to be delivered on school property during the school day must provide evidence of Human Sexuality Advisory Committee approval.	_____ / 25
<input type="checkbox"/> 9b. There is <u>at least 1 goal</u> with measurable objectives and activities that focuses on Medicaid outreach and enrollment and access to Medicaid preventive services. (3 pts) <input type="checkbox"/> 9c. The overall program goal(s) and measurable, time-framed objectives and activities comprise a <u>complete</u> work plan. (8 pts) <input type="checkbox"/> 9d. Objectives and activities <u>are relevant</u> and will <u>likely result</u> in effective programming, addressing the needs of the target population. (8 pts)	N/A <input type="checkbox"/> The overall program goal(s) and measurable, time-framed objectives and activities comprise an <u>incomplete</u> work plan. (2-5 pts) <input type="checkbox"/> Objectives and activities are <u>somewhat</u> relevant and <u>may result</u> in effective programming, addressing the needs of the target population. (2-5 pts)	<input type="checkbox"/> There is <u>no goal</u> with measurable objectives and activities that focuses on Medicaid outreach and enrollment and access to Medicaid preventive services. (0 pts) <input type="checkbox"/> No work plan is provided. (0 pts) <input type="checkbox"/> Objectives and activities are <u>not</u> relevant and <u>may not</u> result in effective programming, addressing the needs of the target population. (0 pts)	
COMMENTS:			_____ / 25

[illegible]

Part C- GRANT PROGRAM DETAILS 11. FINANCIAL PLAN AND BUDGET FORMS			TOTAL 25 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 11a. It is <u>likely</u> that the financial plan will achieve the proposed project but not be excessive and includes only allowable costs. (5 pts) <input type="checkbox"/> 11b. Provides a <u>clear</u> description of all funding sources and the distribution of these funds. (3 pts) <input type="checkbox"/> 11c. It is <u>clear</u> that this funding will be used to expand services and not be used to supplant existing funding. (3 pts) NOTE: UNALLOWABLE COSTS INCLUDE INDIRECT, CAPITOL AND ARCHITECTURAL EXPENSES.	<input type="checkbox"/> It is <u>somewhat likely</u> that the financial plan will achieve the proposed project but not be excessive and includes only allowable costs. (1-3 pts) <input type="checkbox"/> Provides a <u>limited</u> description of all funding sources and the distribution of these funds. (1-2 points) <input type="checkbox"/> It is <u>somewhat</u> clear that funding will be used to expand services and not be used to supplant existing funding. (1-2 pts) NOTE: UNALLOWABLE COSTS INCLUDE INDIRECT, CAPITOL AND ARCHITECTURAL EXPENSES.	<input type="checkbox"/> It is <u>unlikely</u> that the financial plan will achieve the proposed project <u>and/or</u> is excessive <u>and/or</u> includes unallowable costs. (0 pts) <input type="checkbox"/> Provides <u>no</u> description of funding sources and the distribution of these funds. (0 pts) <input type="checkbox"/> It is <u>unclear</u> whether this funding will be used to supplant current funding or it is likely that it is proposed to be used to supplant existing funding. (0 pts) NOTE: UNALLOWABLE COSTS INCLUDE INDIRECT, CAPITOL AND ARCHITECTURAL EXPENSES.	 <div>_____ / 11</div>
<input type="checkbox"/> 11d. Provides a <u>clear</u> description of the fee schedule, how it will be applied, how the fee collection process will protect client confidentiality and assures clients will be delivered services even if unable to pay. (2 pts)	<input type="checkbox"/> Provides a <u>limited</u> description of the fee schedule, how it will be applied, how the fee collection process will protect client confidentiality and assurances that clients will be delivered services even if unable to pay. (1 pt)	<input type="checkbox"/> Provides <u>no</u> description of the fee schedule, how it will be applied, how the fee collection process will protect client confidentiality and/or does not assure that clients will be delivered services even if unable to pay. (0 pts)	 <div>_____ / 2</div>
<input type="checkbox"/> 11e. Provides a <u>clear</u> description of the billing system that will be used to recover appropriate revenues from third-party payers and how this process will protect client confidentiality (if adolescents are proposed to be served). (2 pts)	<input type="checkbox"/> Provides a <u>limited</u> description of the billing system that will be used to recover appropriate revenues from third-party payers and how this process will protect client confidentiality (if adolescents are proposed to be served). (1 pt)	<input type="checkbox"/> Provides <u>no</u> description of the billing system that will be used to recover appropriate revenues from third-party payers and how this process will protect client confidentiality (if adolescents are proposed to be served). (0 pts)	 <div>_____ / 2</div> <div>(Continued on next page)</div>

Part C- GRANT PROGRAM DETAILS 11. FINANCIAL PLAN A minimum local match of 30% is required; the match can be through cash contributions (hard match) or in-kind resources, such as donated space or time (soft-match)			TOTAL 25 POINTS (CONTINUED FROM PREVIOUS PAGE)
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 11f. A line item budget (including match) is included on the Budget Summary and Cost Detail Forms for the period April 1, 2009 through September 30, 2009. <u>All line items add up correctly.</u> (5 pts)	N/A	<input type="checkbox"/> A line item budget is either not included, is not included on the correct forms, or does not add up correctly. (0 pts)	_____ / 5
<input type="checkbox"/> 11f. Narrative summary <u>justifying each line item</u> of the budget (including match) is provided. (5 pts)	<input type="checkbox"/> Narrative summary justifying the budget (including match) is <u>partially</u> provided (justification missing on some items). (1-3 pts)	<input type="checkbox"/> Narrative summary justifying the budget is <u>not</u> provided. (0 pts)	_____ / 5
NOTES: Narrative summary should match line item budget. Allowable grant request for six-month grant period: 1. \$87,500 for school based adolescent and elementary centers and any school based OR school linked center proposed by an FQHC 2. \$112,500 for school linked adolescent health center proposed by any sponsoring agency other than an FQHC 3. \$60,000 for all school based alternative health centers 30% local match required on all grant requests			
COMMENTS:			_____ / 25

Applicant Name: _____

Totals from All Sections:

	Total Points Possible	Total Points Awarded
Section 2: Project Abstract/Summary	10	
Section 3: Assessment of Need	60	
Section 4: Community Experience	30	
Section 5: Community Collaboration and Support	30	
Section 6: Advisory Committee Structure, Membership and Activity	15	
Section 7: Organizational Structure	25	
Section 8: Service Plan Narrative	50	
Section 9: Work Plan	25	
Section 10: Michigan Board of Education Grant Strategic Goal and Strategic Initiatives	10	
Section 11: Financial Plan and Budget Forms	25	
Total Score of Application	280	